MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 12 1960

-60-024972

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6576

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D.O.A. ST. ANTHONY HOSP. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO — b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3938 BATES ST — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First BERNARD — Middle J — Last SIKORSKI

4. DATE OF DEATH: Month JUNE — Day 25 — Year 1960

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: AUG 18 1882

9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED PAINT MIXER ALLIGATOR RAIN COAT

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): ST. LOUIS MO

12. CITIZEN OF WHAT COUNTRY: U-S-A

13a. FATHER'S NAME: JOSEPH SIKORSKI

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: JULIA SIKORSKI (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 489-05-5751

17. INFORMANT: LORETTA SIKORSKI — Address: 3938 BATES ST

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Arteriosclerotic Heart Disease

DUE TO (c): 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 6/2/60 to 6/25/60 and last saw her/him alive on 6/25/60

Death occurred at 445 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Earl Smith M.D.

22b. ADDRESS: 4268 Delor

22c. DATE SIGNED: 6/27/60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: JUNE 29 1960

23c. NAME OF CEMETERY OR CREMATORY: RESURRECTION CEM

23d. LOCATION (City, town, or county) (State): ST. LOUIS MO.

24. FUNERAL DIRECTOR — **ADDRESS**: Thomas Kutis 2906 Gravois

25. DATE RECD. BY LOCAL REG.: JUN 28 1960

26. REGISTRAR'S SIGNATURE: Earl Smith. M.D.

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Samuel C Hill

Licensed Embalmer No. 4347

P. O. Address 2906 L

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.